

United States District Court  
Eastern District of Washington

Michelle L.  
ELLIOTT DRUSHAN GOODIN

(In the space above enter the full name(s) of the plaintiff(s).)

FILED IN THE  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF WASHINGTON

SEP 10 2021

SEAN F. McAVOY, CLERK  
DEPUTY  
SPOKANE, WASHINGTON

-against-

Michelle L. Ressa  
Lisa Lydon

(In the space above enter the full name(s) of the defendant(s).  
If you cannot fit the names of all of the defendants in the  
space provided, please write "see attached" in the space  
above and attach an additional sheet of paper with the full list  
of names. The names listed in the above caption must be  
identical to those contained in Section I. Do not include  
addresses here.)

Case No. 2:21-cv-00270-TOR

(To be filled out by Clerk's  
Office only)

**COMPLAINT**

Jury Demand?

☒ Yes

☐ No

**NOTICE**

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

**I. PARTIES IN THIS COMPLAINT****Plaintiff**

*List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.*

Plaintiff:

GOODIN, ELLIOTT, D.  
Name (Last, First, MI)

850 W. MAPLE ST.  
Street Address

SPOKANE COUNTY, MEDICAL LAKE 99022  
County, City State Zip Code

509-565-4634  
Telephone Number

elliott99022@gmail.com  
E-mail Address (if available)

**Defendant(s)**

*List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.*

Defendant 1:

Ressa, Michelle  
Name (Last, First)

1116 W. Broadway Ave  
Street Address

SPOKANE, SPOKANE WA 99201  
County, City State Zip Code

Defendant 2:

Lydon, Lisa  
Name (Last, First)

909 W. Mallon St.  
Street Address

SPOKANE, SPOKANE WA 99201  
County, City State Zip Code

**Defendant(s) Continued**

Defendant 3:

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
County, City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Defendant 4:

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
County, City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**II. BASIS FOR JURISDICTION**

*Check the option that best describes the basis for jurisdiction in your case:*

- ☒ **U.S. Government Defendant:** United States or a federal official or agency is a defendant.
- ☐ **Diversity of Citizenship:** A matter between individual or corporate citizens of different states and the amount in controversy exceeds \$75,000.
- ☐ **Federal Question:** Claim arises under the Constitution, laws, or treaties of the United States.

If you chose "Federal Question", state which of your federal constitutional or federal statutory rights have been violated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. VENUE

*This court can hear cases arising out of the Eastern District of Washington.*

*Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.*

Venue is appropriate in this Court because:

(1) All defendants live in this state and  
at least one of defen lives in this district

### IV. STATEMENT OF CLAIM

Place(s) of  
occurrence:

Eastern State Hospital

Date(s) of occurrence: 12/21/20

*State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions.*

FACTS:

What  
happened to  
you?

Lisa Lydon Prosecutor allowed me to be  
suspended for forced meds under the same  
cause # that was already dismissed  
cause no. 19-b-00909-32

That cause me to have to take forced  
 meds when the order of dismissal states  
 the administe of involuntary meds  
 are not necessary, also it states petition  
 of forced meds are ~~not~~ dismissed  
 on March 5, 2020

Was  
 anyone  
 else  
 involved?

Michelle L. Ressa ~~attorned~~ ruled that  
 forced meds are allowed again under  
 the petition for involuntary treatment  
 with medication with appropriate laboratory  
 studies cause no. 19-b-00909-32 the same  
 cause # as my order of dismissal

Who did  
what?

**V. INJURIES**

*If you sustained injuries related to the events alleged above, describe them here.*

From the forced medication haldol  
I suffer from penis disfunction I can't  
get an erection which is one of the  
side effects of haldol

**VI. RELIEF**

The relief I want the court to order is:

☒ Money damages in the amount of: \$ 1,000,000

☐ Other (explain):

**VII. CLOSING**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

9/9/21

Dated

Elliott D. Goodin

Plaintiff's Signature

GOODIN, ELLIOTT, D.

Printed Name (Last, First, MI)

850 W. MAPLE ST Medical Lake WA 99022

Address

City

State

Zip Code

(509) 565-4634 (509) 565-4186

Telephone Number

elliottg9022@gmail.com

E-mail Address (if available)

*List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.*